

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION, CINCINNATI, OHIO

- - -

JESSIE CANTRELL PERSONAL :
REPRESENTATIVE AND :
FIDUCIARY OF THE ESTATE :
OF CORY CANTRELL, :
Deceased, :
: Plaintiff, :
: vs. : Case No.
: : 1:22-cv-00739
SCIOTO COUNTY, :
OHIO/SCIOTO CO. BOARD OF :
COMMISSIONERS, et al., :

Defendants. :

- - -

VIDEOCONFERENCE DEPOSITION OF

DOMINIC HAYNESWORTH, M.D.

- - -

Tuesday, June 18, 2024

11:00 a.m.

- - -

ANN FORD

REGISTERED PROFESSIONAL REPORTER

- - -

Page 3

1 REMOTE APPEARANCES:

2 BRIAN GREEN, Attorney at Law
3 Shapero & Green, LLC
4 Signature Square II, Suite 200
5 25101 Chagrin Boulevard
6 Beachwood, Ohio 44122
7 (216) 831-5100
8 bgreen@shaperolaw.com

9
10 On behalf of the Plaintiff.

11 ANDREW YOSOWITZ, Attorney at Law
12 Teetor Westfall, LLC
13 200 East Campus View Boulevard
14 Suite 200
15 Columbus, Ohio 43235
16 (614) 412-4000
17 ayosowitz@teetorlaw.com

18 On behalf of the Defendants.

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Page 4

1 TUESDAY MORNING SESSION
2 June 18, 2024
2 11:00 a.m.

3 - - -

4 STIPULATIONS

5 - - -

6 It is stipulated by and between counsel
7 for the respective parties herein that this
8 deposition of DOMINIC HAYNESWORTH, M.D., a Witness
9 herein, called by the Defendants under the statute,
10 may be taken at this time and reduced to writing in
11 stenotypy by the Notary, whose notes may thereafter
12 be transcribed out of the presence of the witness;
13 and that proof of the official character and
14 qualifications of the Notary is waived.

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I N D E X

2 WITNESS

PAGE

3 DOMINIC HAYNESWORTH, M.D.

Examination

4 (By MR. YOSOWITZ)

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1 PROCEEDINGS

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3 DOMINIC HAYNESWORTH, M.D.,

4 being by me first remotely duly sworn, as hereinafter
5 certified, testifies and says as follows:

EXAMINATION

7 BY MR. YOSOWITZ:

8 Q. Good morning, Doctor. We just met a few
9 minutes ago.

10 Your name is Dominic Haynesworth; correct?

11 A. Yes.

12 Q. My name is Andrew Yosowitz. We're here
13 today for your deposition. This is my client's
14 pretrial opportunity to question you over Zoom about
15 an expert report that you prepared for this case.

16 I would ask that you give the same sincere
17 cooperation that you would give if a judge or jury
18 were listening. Okay?

19 A. Yes.

20 Q. You're here today with attorney

21 Brian Green; correct?

22 A. Yes.

23 Q. Please understand that even though we're
24 in an informal setting, everything you say here is

Page 7

1 just as important as if we were at trial in a
2 courtroom with a judge and jury listening.
3 Therefore, it's in your very best interest to give
4 the most complete, accurate, and truthful answers you
5 can to each and every one of my questions.

6 Do you understand that?

7 A. Understood.

8 Q. Please understand that the court reporter
9 will produce a transcript of everything I say,
10 everything you say, and everything Mr. Green says
11 while we're on the record. For this reason, I need
12 all of your answers to be out loud. The court
13 reporter cannot transcribe nonverbal responses.

14 Do you understand that?

15 A. Understood.

16 Q. You'll have an opportunity to review your
17 transcript and make changes to that transcript.
18 However, if you do make changes to your testimony, I
19 may ask the Court to allow me to reopen the
20 deposition to question you about any changed
21 testimony. I may also argue to a jury that it raises
22 questions about your credibility.

23 Do you understand that?

24 A. Yes.

Page 8

1 Q. Is there any reason why you can't give
2 your most accurate testimony today?

3 A. None.

4 Q. In the last 48 hours, have you taken any
5 medication that would impair your ability to tell the
6 truth?

7 A. None.

8 Q. I'm going to give each of your words their
9 most common meaning unless you tell me that a word
10 has a meaning that is special to you; is that fair?

11 A. Yes.

12 Q. Please be sure to allow me to complete the
13 entire question before you begin your answer;
14 otherwise, as you'll see, I'll repeat the entire
15 question from the beginning so that we can produce a
16 clean record.

17 Do you understand?

18 A. Yes.

19 Q. Do you understand that the oath you took
20 requires you to tell the whole truth, to give all the
21 information each question requests in a
22 straightforward manner, and, in so doing, use the
23 most candid and accurate language you possibly can?

24 A. I do.

Page 9

1 Q. Do you have any questions for me before I
2 begin my questions?

3 A. None.

4 Q. Do you have a list of the materials that
5 you reviewed to assist you in preparing your expert
6 report dated April 23, 2024?

7 A. Several from several different sources. I
8 have a discovery by Allied Health and Chiropractic
9 about Mr. Cory Cantrell dated 6-18-2022.

10 I have from Mr. Marx several testimonies
11 by correctional officers. And that's essentially it.

12 Q. Okay. What documents were in the
13 discovery provided to you by Allied Health?

14 A. Essentially, the history of Mr. Cantrell
15 with his problems with his overdoses, needles broken
16 off in his arm, and the course of action that ensued
17 on the day of his overdose.

18 Q. Did Allied Health summarize those
19 documents for you?

20 A. Pretty much.

21 Q. Okay. So you relied on a summary prepared
22 by a company called Allied Health; is that right?

23 A. Yes.

24 Q. Do you know what person prepared that

Page 10

1 summary?

2 A. Yes.

3 Q. Who was the person that prepared the
4 summary?

5 A. Dr. Heidi -- I can get her last name for
6 you, but she is also an employee of Allied Health.
7 Let me get that name for you -- last name.

8 Q. Sure.

9 A. You can continue if you want. I'll just
10 text over there.

11 Q. Okay. Are all the opinions that you
12 intend to offer in this case contained in your expert
13 report dated April 23, 2024?

14 A. I think so.

15 Q. Do you have any changes at this time to
16 make to your report?

17 A. No.

18 Q. What did you do to prepare for today's
19 deposition?

20 A. Just read over the testimonies of the
21 correctional officers, main thing. And I did reread
22 the report from Dr. Heidi at AHC.

23 Q. Did you review -- at any point during your
24 preparation for this case, did you review any video?

Page 11

1 A. No.

2 Q. And which officers' testimonies did you
3 review?

4 A. I reviewed Correctional Officer Boggs and
5 Ness.

6 Q. And what compensation were you paid for
7 preparing this report?

8 A. Nothing really. Nothing yet -- as of yet.

9 Q. What's the amount that you charge for
10 preparing this report?

11 A. You know, I'm not sure what -- what --
12 what she charged for it.

13 Q. Other than this case, have you provided
14 expert reports for the law firm of Shapero & Green?

15 A. Prior to this?

16 Q. Yes.

17 A. No.

18 Q. Are you currently board certified in
19 emergency medicine?

20 A. No. I'm no longer practicing emergency
21 medicine. I was certified when I was practicing.

22 By the way, her last name is Williams.

23 Q. Okay. In the past year, how often did you
24 work at Huron Road Hospital?

Page 12

1 A. Weekly. Anywhere from three to four
2 shifts a week.

3 Q. And since you stated you're no longer
4 practicing emergency medicine, what medicine did you
5 practice while you were at Huron Road Hospital?

6 A. I practiced primarily personal injury with
7 AHC. I am medical director at two other places, one
8 of them being an ambulance. I'm the medical control
9 for that because they require an emergency physician.
10 And I'm medical director at Advanced Skin Renewal.

11 Q. That broke up a little bit.

12 A. Oh, I'm sorry.

13 (Stenographer clarification.)

14 MR. YOSOWITZ: I'm going to ask him
15 some more specific questions about that.

16 BY MR. YOSOWITZ:

17 Q. My question was, so when you're at Huron
18 Road Hospital, are you there practicing as part of
19 your personal injury company?

20 A. No.

21 Q. Okay. What do you do when you're at Huron
22 Road Hospital?

23 A. I do gunshots, stabbings, overdoses.
24 Medical emergencies in general.

Page 13

1 Q. Okay. So you work -- you currently --
2 when you work at Huron Road Hospital currently,
3 you're working in the ER?

4 A. I'm no longer working at Huron Road
5 Hospital. Huron Road has been closed for about
6 10 years.

7 Q. Okay. I thought on your resume it said
8 that you still work there.

9 A. No. I was -- they closed about 12 years
10 ago. So I've been working at St. Vincent Charity --

11 Q. Okay.

12 A. -- downtown for the past 10 or 12 years.

13 Q. All right. Thank you.

14 A. Sorry.

15 Q. Do you still currently work at
16 Lutheran Hospital?

17 A. No.

18 Q. So the only hospital you work at currently
19 is St. Vincent Charity Medical Hospital?

20 A. I am no longer doing emergency medicine,
21 period.

22 Q. Okay. But you still do work for
23 St. Vincent Charity Medical Center?

24 A. St. Vincent is closed also. I no longer

Page 14

1 do emergency medicine.

2 Q. Okay. You are not currently working at
3 any hospitals?

4 A. No.

5 Q. No? That's not correct?

6 A. I am no longer working at any other -- at
7 any hospital.

8 Q. Okay.

9 A. Okay.

10 Q. All right. What is Allied Health and
11 Chiropractic?

12 A. Personal injury and chiropractic.

13 Q. What do you do for them?

14 A. Again, I am the -- I'm the collaborating
15 physician or medical director there. I oversee
16 several NPs who are on staff who do most of the heavy
17 lifting over there. I review all of the charts. I
18 am there for any medical questions or problems that
19 they might have.

20 Q. Do you personally see patients and treat
21 patients at Allied Health and Chiropractic?

22 A. I see patients and with -- along with --
23 the nurse practitioners treat them, yes.

24 Q. What is West Lake Injury Center Medical

Page 15

1 Care?

2 A. That's just a branch of Allied Health.

3 Q. What is TE Physical Medicine?

4 A. I don't know. TE Physical Medicine. No.

5 That one, I don't know.

6 Q. Your attorney provided me a CV, and on the
7 CV, there's an entry for medical director TE Physical
8 Medicine, LLC, for 2019 to current.

9 But you don't know what that is?

10 A. No, I don't.

11 Q. Okay.

12 A. I don't know. TE?

13 Q. You've heard the term "respiratory arrest"
14 before; correct?

15 A. Yes.

16 Q. You've heard the term "cardiac arrest"
17 before; correct?

18 A. Yes.

19 Q. There's a medical difference between
20 respiratory arrest and cardiac arrest; correct?

21 A. Absolutely.

22 Q. Respiratory arrest is the cessation of
23 breathing; correct?

24 A. Yes.

Page 16

1 Q. Cardiac arrest is the cessation of cardiac
2 mechanical activity confirmed by the absence of signs
3 of circulation; correct?

4 A. That's correct.

5 Q. When cardiac arrest occurs outside of a
6 hospital setting, it is called an out-of-hospital
7 cardiac arrest; correct?

8 A. I've never heard that term. But yes.

9 Q. In this case, Cory Cantrell suffered an
10 out-of-hospital cardiac arrest on June 18, 2022;
11 correct?

12 A. According to the record.

13 Q. Based on your experience, would you agree
14 with me that survival rates for out-of-hospital
15 cardiac arrests are less than 10 percent?

16 A. I didn't know that that was a statistic,
17 but there are so many factors at play here. What was
18 the agent that caused the respiratory arrest, where
19 it happened, if the patient was alone.

20 I don't -- that statistic kind of doesn't
21 make any sense. But ...

22 Q. Well, do you believe that -- do you
23 believe that that statistic is incorrect?

24 A. I don't have any -- where did it come

Page 17

1 from? I mean, I really don't have any reason not to
2 believe it. I mean, if it's a noted source, and they
3 say that that's a statistic, I can't argue with it.

4 Q. Have you ever heard of a medical journal
5 called Circulation?

6 A. Yeah.

7 Q. Would you agree with me that survival
8 rates for in-hospital cardiac arrests are less than
9 25 percent?

10 A. Cardiac or respiratory?

11 Q. Cardiac.

12 A. All right. Less than?

13 Q. 25 percent.

14 A. Again, if you say that that's a statistic,
15 and it's from a relevant source, then I would agree
16 with it.

17 Q. Would you agree with me that the most
18 important therapies for patients suffering from
19 nontraumatic cardiac arrest are prompt cardiac
20 defibrillation, shockable rhythms, and minimally
21 interrupted effective chest compressions?

22 A. Yes.

23 Q. Naloxone is an opioid antagonist; correct?

24 A. Yes.

Page 18

1 Q. It is sold under the brand name Narcan;
2 correct?

3 A. Yes.

4 Q. When corrections officers responded to
5 Cory Cantrell's fall on the evening of June 18,
6 2022, Mr. Cantrell was in cardiac arrest; correct?

7 A. How do they know he was in cardiac arrest?

8 Q. I'm asking you the questions.

9 A. Okay. Sorry. That's what I read from the
10 report. Yes.

11 Q. No study has shown the benefit of Naloxone
12 administration in an out-of-hospital cardiac arrest;
13 correct?

14 A. If -- I'm going to say yes on that.

15 Q. Okay. Tell me the study that you're aware
16 of that has shown that there's a benefit of Naloxone
17 administration for out-of-hospital cardiac arrest.

18 A. I'm not saying that there was. I'm not
19 saying that there was a study.

20 Q. Are you aware of any study which has shown
21 a benefit of Naloxone administration for an
22 out-of-hospital cardiac arrest?

23 A. No, I'm not aware.

24 Q. Are you aware of any peer-reviewed

Page 19

1 literature which has shown the benefit of Naloxone
2 administration for an out-of-hospital cardiac arrest?

3 A. No, I'm not aware.

4 Q. Would you agree that provision of CPR
5 should be the focus of initial care for an
6 out-of-hospital cardiac arrest?

7 A. After administering Narcan and -- yes.

8 Q. Would it surprise you to know that studies
9 analyzing Naloxone administration in out-of-hospital
10 cardiac arrest found that patients receiving Naloxone
11 had no difference in adjusted odds of return of
12 spontaneous circulation, survival to admission,
13 survival to discharge, and functional survival?

14 A. I would not argue with that at all.

15 Q. You are familiar with the Journal of
16 Emergency Medicine; correct?

17 A. Yes.

18 Q. The Journal of Emergency Medicine is the
19 official journal of the American Academy of Emergency
20 Medicine; correct?

21 A. Yes.

22 Q. The Journal of Emergency Medicine is an
23 authoritative journal in the field of emergency
24 medicine; correct?

Page 20

1 A. Yes.

2 Q. Did you read the Journal of Emergency
3 Medicine when you were practicing emergency medicine?

4 A. Occasionally.

5 Q. Would it surprise you that in a study
6 published two months ago in the Journal of Emergency
7 Medicine researchers found that out-of-hospital
8 cardiac arrest patients who receive Naloxone, despite
9 being younger and having fewer comorbidities, had
10 similar outcomes compared to those who received usual
11 care?

12 A. That wouldn't surprise me at all.

13 Q. Are you aware that the most recent
14 national model EMS clinical guidelines offered by the
15 National Association of State EMS Officials did not
16 recommend the administration of Naloxone as treatment
17 for cardiac arrest?

18 A. Absolutely.

19 Q. Are you aware of any EMS protocols that
20 recommend the administration of Naloxone as treatment
21 for cardiac arrest?

22 A. Nope. Never heard that that was an issue.

23 Q. The paramedics that responded to the
24 Scioto County jail on June 18, 2022, to treat

Page 21

1 Mr. Cantrell did not administer Naloxone; correct?

2 A. According to the record.

3 Q. The paramedics administered epinephrine to

4 Mr. Cantrell; correct?

5 A. I think they did. I think I read that.

6 Yes.

7 Q. In fact, they administered multiple rounds

8 of epinephrine; correct?

9 A. Yes.

10 Q. The emergency physicians at Southern Ohio

11 Medical Center did not administer Naloxone to

12 Mr. Cantrell; correct?

13 A. I'm not sure if I read that. But if

14 that's what the records said, okay. Yes.

15 Q. You reviewed the emergency department

16 records from Southern Ohio Medical Center; correct?

17 A. I think I read the final -- the final

18 diagnosis from that. Yes.

19 Q. And the only drugs that the physicians at

20 Southern Ohio Medical Center administered to

21 Mr. Cantrell were epinephrine, calcium, and sodium

22 bicarb; correct?

23 A. According to the record, yes.

24 Q. And based on your experience, epinephrine,

Page 22

1 calcium, and sodium --

2 MR. YOSOWITZ: We lost Mr. Green.

3 Stand by.

4 (Off the record.)

5 BY MR. YOSOWITZ:

6 Q. So, Doctor, we were talking about
7 medications administered by the emergency room
8 physicians at Southern Ohio Medical Center.

9 Epinephrine, calcium, and sodium
10 bicarbonate, are those standard drugs to be given in
11 a cardiac arrest?

12 A. In a cardiac arrest, yes.

13 Q. You would agree with me that paramedics
14 and emergency room physicians undergo specialized
15 training on the treatment of cardiac arrest; correct?

16 A. Absolutely.

17 Q. And paramedics and emergency room
18 physicians have more medical training on cardiac
19 arrest than the corrections officers who attempted to
20 treat Mr. Cantrell on June 18, 2022; correct?

21 A. That is true.

22 Q. It's not your opinion that any paramedic
23 or physician who treated Mr. Cantrell on June 18,
24 2022, committed malpractice; correct?

Page 23

1 A. None that I can see.

2 Q. It's not your opinion that any paramedic
3 or physician who treated Mr. Cantrell on June 18,
4 2022, fell below the standard of care by failing to
5 administer Naloxone to Mr. Cantrell; correct?

6 A. You said paramedic or physician?

7 Q. Yes.

8 A. Yes. No. None -- none that I can see.

9 No.

10 Q. Okay. You cannot state to a reasonable
11 degree of medical probability that Mr. Cantrell would
12 have survived his out-of-hospital cardiac arrest if
13 Naloxone had been administered by any first
14 responder -- paramedic or physician -- that treated
15 Mr. Cantrell on June 18, 2022; correct?

16 MR. GREEN: Objection.

17 You can answer.

18 THE WITNESS: Did you lose me? So
19 you've been asking me about cardiac
20 arrest, and I don't know that -- I know
21 for a fact that Naloxone has absolutely no
22 effect on cardiac.

23 So, you know, we're talking about
24 almost apples and oranges here.

1 Naloxone would have had no effect on
2 cardiac arrest. But, you know, when they
3 got -- when the paramedics got there, got
4 him on the monitor or whatever, that
5 ascertains whether or not he's in cardiac
6 arrest.

7 He might appear to be pulseless.

8 But a lot of times, they have pulses, but
9 they're so miniscule that they really
10 can't sense them. So until you get them
11 on a monitor, you really can't call that
12 arrhythmia.

13 BY MR. YOSOWITZ:

14 Q. You're aware that in this case the
15 corrections officers applied an automated external
16 defibrillator to Mr. Cantrell; correct?

17 A. Yes. You do get a reading on that. Yeah.

18 Q. And the automated external defibrillator
19 did not recommend a shock; correct?

20 A. Yeah. Yes.

21 Q. And so that means, at least according to
22 the automated external defibrillator, Mr. Cantrell
23 did not have a shockable rhythm; correct?

24 A. Yes.

Page 25

1 Q. Asystole is a nonshockable rhythm;
2 correct?

3 A. Asystole is a nonshockable rhythm.

4 Q. And would you consider someone who is in
5 asystole to be in cardiac arrest?

6 A. Yes.

7 Q. And, in fact, when the paramedics hooked
8 Mr. Cantrell up to their monitor, the rhythm that
9 they got was asystole; correct?

10 A. Okay. Yes.

11 Q. Pulseless electrical activity -- if
12 someone was in pulseless electrical activity, would
13 you consider them in cardiac arrest?

14 A. PEA is definitely cardiac arrest.

15 Q. Is there any nonshockable rhythm that you
16 wouldn't consider cardiac arrest?

17 A. No.

18 Q. Back to my original question. You can't
19 state to a reasonable degree of medical probability
20 that even if Naloxone had been provided to
21 Mr. Cantrell he would have survived his cardiac
22 arrest; correct?

23 A. Yes.

24 Q. You can state that he would have survived?

Page 26

1 A. Oh, I'm sorry. The way it was phrased.

2 No. No. Absolutely not.

3 Q. Okay. When the officers and paramedics
4 were working on Mr. Cantrell, he had a large volume
5 of pink frothy substance coming out of his nose and
6 mouth; correct?

7 A. Yes.

8 Q. Okay. Based on your training and
9 experience, the pink frothy substance coming out of
10 Mr. Cantrell's nose was probably fluid from pulmonary
11 edema; correct?

12 A. Or he might have aspirated.

13 Q. What does that mean, to aspirate?

14 A. Aspiration means that you basically
15 regurgitate stomach contents without any protection
16 of the airway.

17 Q. And based on your training and experience,
18 how long does a person have to be in cardiac arrest
19 before either fluid from pulmonary edema or aspirate
20 stuff begins flowing out of a person's nose and
21 mouth?

22 A. Say after cardiac arrest, probably within
23 a minute or so.

24 Q. In order for intranasal Naloxone to work,

Page 27

1 it has to come in contact with the nasal mucosa;
2 correct?

3 A. That is correct.

4 Q. Okay. Wouldn't a large volume of fluid or
5 aspirate emanating from a person's nose hinder the
6 absorption of Naloxone?

7 A. A large amount, yes.

8 Q. And, in fact, when the paramedics arrived,
9 they had to suction his nose and mouth; correct?

10 A. Yes.

11 Q. They were also unable to intubate him;
12 correct?

13 A. Oh, really? Okay. I missed that part. I
14 wasn't sure about that. Okay.

15 Q. And they had to continue suction at the
16 emergency room; correct?

17 A. So they had -- they had -- yeah. Yes.

18 MR. YOSOWITZ: Okay. Doctor, that's
19 all the questions I have for you. I thank
20 you for your time this morning.

21 Like I said, please send Brian or
22 Jim your invoice for the time for this
23 deposition, along with a W-9, and we'll
24 get you paid.

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1 THE WITNESS: Okay. Mr. Yosowitz,
2 nice to meet you.

3 THE STENOGRAFHER: If there are no
4 other questions, do you want to read or
5 waive?

6 MR. GREEN: He'll read it.

7 THE STENOGRAFHER: Okay. Do you
8 want me to transcribe?

9 MR. YOSOWITZ: Absolutely.

10 THE STENOGRAFHER: And do you want a
11 copy, Brian?

12 MR. GREEN: Yes.

13 THE STENOGRAFHER: Is there any
14 expedite or regular service?

15 MR. YOSOWITZ: No. Regular service
16 is fine and an e-tran, please.

17 (Signature not waived.)

18 - - -

19 And, thereupon, the videoconference
20 deposition was concluded at approximately
21 11:35 a.m.

22 - - -

23

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Page 29

1 DEPOSITION ERRATA SHEET

2

3

4 Jessie Cantrell, Personal Representative and Fiduciary
5 of the Estate of Cory Cantrell, Deceased,

6

7 vs. Scioto County, Ohio/Scioto Co. Board of
8 Commissioners

9

10 DECLARATION UNDER PENALTY OF PERJURY

11 I declare under penalty of perjury that I have
12 read the entire transcript of my Deposition taken in
13 the captioned matter or the same has been read to me,
14 and the same is true and accurate, save and except
15 for changes and/or corrections, if any, as indicated
16 by me on the DEPOSITION ERRATA SHEET hereof, with the
17 understanding that I offer these changes as if still
18 under oath.

19 Signed on the _____ day of
20 _____, 20 ____.

21

22

23 DOMINIC HAYNESWORTH, M.D.

24

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DEPOSITION ERRATA SHEET

2

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SIGNATURE _____ DATE: _____

24

DOMINIC HAYNESWORTH, M.D.

1 CERTIFICATE
2 State of Ohio :
3 County of Knox :
4 I, Ann Ford, Notary Public in and for the
5 State of Ohio, duly commissioned and qualified,
6 certify that the within named witness was by me duly
7 sworn to testify to the whole truth in the cause
8 aforesaid; that the testimony was taken down by me in
9 stenotypy in the presence of said witness, afterwards
10 transcribed upon a computer; that the foregoing is a
11 true and correct transcript of the testimony given by
12 said witness taken at the time and place in the
foregoing caption specified.

I certify that I am not a relative,
employee, or attorney of any of the parties hereto,
or of any attorney or counsel employed by the
parties, or financially interested in the action.

17 IN WITNESS WHEREOF, I have set my hand and
18 affixed my seal of office at Mount Vernon, Ohio, on
19 this 25th day of June, 2024.

20
21  Maria DiPaolo Jones
22 ANN FORD, Notary Public
in and for the State of Ohio
and Registered Professional
23 Reporter

24 My Commission expires: April 18, 2026.

